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PABST PATENT GROUP

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## TELEFAX

Date: April 4, 2005 Total pages: 30 including cover  
To: PTO Telephone: Telefax: 703-872-9306  
From: Rivka D. Monheit Telephone: 404-879-2152 Telefax: (404) 879-2160  
Our Docket No. MJS 104  
Your Docket No. Client/Matter No. 079610/00005

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### MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Marvin J. Slepian

Serial No.: 10/072,766

Art Unit: 1636

Filed: February 8, 2002

Examiner: M. Marvich

For: *ENDOMURAL THERAPY*

AMENDMENT AND RESPONSE  
TRANSMITTAL FORM PTO/SB/21  
FEE TRANSMITTAL FORM PTO/SB/17  
PETITION FOR EXTENSION OF TIME

{45055081.1}

PTO/SB/21 (08-04)

Approved for use through 07/31/2008, OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/072,766	
	Filing Date	February 8, 2002	
	First Named Inventor	Marvin J. Slepian	
	Art Unit	1636	
	Examiner Name	M. Marvich	
Total Number of Pages in This Submission	29	Attorney Docket Number	MJS 104

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	April 4, 2005	Reg. No.	48,731

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>C. Stone</i>	
Typed or printed name	Carla Stone	Date April 4, 2005

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MJS 104 079610/00005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/072,766 Filing Date February 8, 2002 First Named Inventor Marvin J. Slepian Examiner Name M. Marvich Art Unit 1636 Attorney Docket No. MJS 104	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) <u>560.00</u>			

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 35 - 33 or HP = 2 x \$25.00 = \$50.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 3 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$): 0 Fee Paid (\$): 0

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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35 - 100 = 25 / 50 = 0.5 (round up to a whole number) x \$125 = \$125

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 3 Month Extension of Time

Fees Paid (\$)

\$510.00

SUBMITTED BY			
Signature	<u>Rivka D. Monheit</u>	Registration No. (Attorney/Agent)	<u>48,731</u>
Name (Print/Type)	<u>Rivka D. Monheit</u>	Telephone	<u>(404) 879-2151</u>
		Date	<u>April 4, 2005</u>

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